

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 NOV 18 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000004101

1. Corporation Name

ALLIED ELECTRICAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~210 - 172 ST. #416~~

~~210 - 172 ST. #416~~

~~NORTH MIAMI BEACH FL 33160~~

~~NORTH MIAMI BEACH FL 33160~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1514 COOLIDGE STREET

1514 COOLIDGE STREET

City & State

City & State

HOLLYWOOD, FLORIDA

HOLLYWOOD, FLORIDA

Zip

Country

Zip

Country

33020

U.S.A

33020

U.S.A

5. FEI Number

650721865

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MARTINEZ, CANDELARIO A	210 - 172 ST. #416	NORTH MIAMI BEACH FL 33160
DS	VILLARREAL, ANDRES R	13014 SW 45 TER.	MIAMI FL

500002695225--4
-11/24/98-01042-003
*******8.75 *****8.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, CANDELARIO A

~~210 - 172 ST. #416~~

~~NORTH MIAMI BEACH FL 33160~~

1514 COOLIDGE ST

HOLLYWOOD, FLORIDA

33020

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500002695225--4

-11/24/98-01042-004

*****750.00 FL ***750.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/12/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/98

CR2040 (9/98)